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2960 Bowen Road, Elma, New York 14059
Telephone/FAX: 716-652-2380
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RE: Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address for:

Application No. 09/552,461
Filing Date: 07.19.2001
Art Unit: 1631
Examiner: Lori A. Clow
Inventor: Kokolus, W.

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716 652-2380

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P. M. Costanzo Ph.D, Esq

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**REVOCATION OF POWER OF
 ATTORNEY WITH
 NEW POWER OF ATTORNEY
 AND
 CHANGE OF CORRESPONDENCE ADDRESS**

Application Number **09/552,161**
 Filing Date **07.19.2001**
 First Named Inventor **KOKOLUS, W.**
 Art Unit **1631**
 Examiner Name **LORTA, CLOW**
 Attorney Docket Number **KOKOLUSW-P-1-03**

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

34,442

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with
 Customer Number:

34,442

OR

☐ Firm or
 Individual Name

Address

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City

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Zip

Country

Telephone

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Name

WILLIAM J. KOKOLUS

Signature

Date

10-5-03

Telephone

716 873-6940

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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